	PLAC	CE OF DEATH					RD OF HEALTH							
County St Louis Township Carondelet				BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH Registration District No. // 2 3 File No. File No.										
								Village Roch, Mo			רל	Primary Registration District No. 6248 B Registered No.		_///
								Oit	r Y		(NC		n Hospital	8t.;Ward)
	· CIN	L NAME F	·	• • • • • • • • • • • • • • • • • • • •			hospital or institution, give its NAME instead of street and number]							
	POL	L MAINE B	rank s	STROFA										
	PERS	ONAL AND STATIS		TICULARS	MEDICAL	CERTIFICATE OF	DEATH							
8E	X	COLOR OR RACE	8INGLE MARRIED		DATE OF DEATH	-3-	- h							
M	ale	White	OR DIVORO (Write the	Single Single	Mar	(Month)	(Day), 191, 44							
DA	TE OF BIRT	гн			I HERERY		ttended deceased from							
		July		21 , , 895	February 22									
		(Month)		(Day) (Year)	that I last saw h im									
AG	3E			If LESS tha	n		<u>. </u>							
		70 7	77	l day,hr	and that death comer									
		18 _{yr} 7	1 <u>]</u>	ds. ormin.?	and that death occurr		•							
(a)	CUPATION Trade, profe	ession, or Tab	mos,	Bur Dotter	and that death occurred The CAUSE OF DEAT		•							
(a) par	Trade, profe ticular kind	ession, or Labe	mos,	Bur Dotter	The CAUSE OF DEAT	TH ⁺ was as follows:	P.M							
(a) par (b)	Trade, profe ticular kind General nat	ession, or Labe	orer ()	Ber Bottler	The CAUSE OF DEAT		P.M							
(a) par (b) bus which	Trade, profiticular kind General nat iness, or est ch employed	ession, or Labe	orer ()	Ber Bottler	The CAUSE OF DEAT	rH* was as follows:	P.M							
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Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

Statement of occupation. - Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer. Stationary fireman, etc. But in many cases especially in industrial employments; it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The . material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired, 6 yrs.) For persons who have no occupation whatever, write None.

use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valoular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.: Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia,""Anaemia" (merely symptomatic),"Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septichaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INTURY and qualify as ACCIDENTAL, SUICIDAL, OF HOMI-CIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)